

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/08/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/23/2011	
NAME OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W STATE RD 46 ELLETTSVILLE, IN47429			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00094981.</p> <p>Complaint IN00094981-Substantiated. Federal/State deficiencies related to the allegation are cited at F-333 and F-425.</p> <p>Survey dates: 08/22/11 and 08/23/11</p> <p>Facility number: 000558 Provider number: 155523 AIM number: 100267550</p> <p>Survey team: Sharon Whiteman, RN</p> <p>Census bed type: SNF/NF: 73 Total: 73</p> <p>Census payor type: Medicare: 07 Medicaid: 44 Other: 22 Total: 73</p> <p>Sample: 03</p> <p>These deficiencies also reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action does not constitute an admission or agreement by Richland Bean Blossom Health Care Center of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in the compliance with the state and federal laws. Please accept this plan of correction as it constitutes our credible allegation of compliance with all regulatory requirements. This plan of correction also comes to you as a request for a desk review due to the scope and severity of the alleged deficiencies in this survey and supportive documentation is being attached exemplifying compliance and on going monitoring to assure compliance is maintained</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0333 SS=D	<p>Quality review completed on August 25, 2011 by Bev Faulkner, RN</p> <p>The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to ensure hospital physician's discharge orders were followed resulting in 1 of 3 residents reviewed for medications not receiving her medications as ordered for a period of 5 months and 10 days. (Resident A)</p> <p>Findings Include:</p> <p>Review of Resident A's clinical record on 08/22/11 at 10:12 a.m., indicated the following:</p> <p>Resident A had diagnoses which included, but were not limited to, hypertension, non-insulin dependent diabetes, acute renal failure with hyperkalemia (high potassium), moderate pulmonary hypertension, and dementia.</p> <p>A nurse's note, dated 03/06/11 at 11:30 p.m., indicated, "Res [Resident A] @ nurse's station c/o [complained of] epigastric pain. States she is sick et [and]</p>			F0333	<p>F 333 Resident Free of Significant Medication Errors: This facility strives to assure residents are free of significant medication errors. Corrective Action taken for Resident A: Resident A's physician reviewed and signed the resident's medication orders on 3/12/2011 following the return from the hospital, which included an order for Alprazolam 0.25mg (1 tablet) twice a day. On 8/24/2011 Resident A's physician implemented medication dose reduction trial of the resident's low dose Alprazolam 0.25mg twice daily to once daily at bedtime. Identification and corrective actions for others with potential to be affected: All resident's have the potential for hospital discharge instruction and facility physician order discrepancy. Hospital discharge instructions and facility physician orders were reviewed of current residents experiencing a readmission in the last three months, to assure orders correlate or there is appropriate documentation of physician notification and order (s)</p>		09/08/2011

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	<p>needs to have a BM [bowel movement]. Assisted to BR [bathroom] by CNA c [with] 0 [no] BM. Assisted to bed."</p> <p>A nurse's note, dated 03/06/11 at 11:45 p.m., indicated, "This nurse went to check on Res. Res in bed, diaphoretic [sweating] c/o abd [abdominal] et epigastric pain. B/P [blood pressure] 66/34, P [pulse] 140, R [respirations] 24, SP02 [oxygen saturation] 94% RA [room air]. Res preceded [sic] to vomit brown liquid. Order recv'd [received] to send Res to ER [Emergency Room] for eval [evaluation]."</p> <p>A nurse's note, (no date or time) indicated, "EMS [Emergency Services] @ bedside. Report given. Res transported to (local hospital)...."</p> <p>A nurse's note, dated 03/07/11 at 6:00 a.m., indicated, "Notified by Hosp [hospital] Res [Resident A] admitted to Rm [room]...DX [diagnoses] hypotension, hyperkalemia, renal insuff [insufficiency]...."</p> <p>A nurse's note, dated 03/10/11 at 1:30 p.m., indicated, "Res returned to facility....0 edema noted, pedal pulses + [present]...."</p> <p>Hospital discharge orders, dated 03/10/11,</p>				<p>received. Upon review no other discrepancies have been identifiedMeasure to prevent recurrence:Licensed nursing staff education was provided on 8/25/11 regarding reconciling hospital discharge instructions and documentation of physician notification and orders as given by the resident's facility physician.Two nurses will review readmission orders and sign the orders confirming review of hospital discharge orders with facility orders. How will the facility monitor and who is responsible:The Director of Nursing is responsible for assuring residents are free from significant medication errors, including assuring documentation of physician notification and order implementation following hospital readmission. The Director of Nursing or her designee will monitor, physician orders of residents readmitted from the hospital, to assure hospital discharge orders are implemented in accordance with the resident's physician orders. Monitoring of physician readmission orders will be completed on resident readmissions for 90 days and then once a month on each nursing unit. Results of this monitor will be reviewed by the Administrator and reported at least quarterly to the Quality Assurance committee.Date of Completion: 9/8/11</p>		

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	<p>indicated orders which included, but were not limited to, Alprazolam (anti-anxiety medication) 0.25 milligrams to be given every 6 hours as needed.</p> <p>A physician's progress note, dated 03/12/11, indicated the resident had returned to the facility from the hospital and hospital discharge orders were to be followed.</p> <p>A March, 2011 "Medication Record" indicated an order, dated 01/28/11, for Alprazolam 0.25 milligrams to be given twice daily. After the resident returned to the facility on 03/10/11, the resident continued receiving 0.25 milligrams of Alprazolam twice daily as routine medication.</p> <p>A physician's re-write order for August, 2011, indicated Resident A continued to receive Alprazolam 0.25 milligrams (1 tablet) twice daily.</p> <p>Interview of the DON [Director of Nursing] on 08/22/11 at 12:55 p.m., indicated she had only been at the facility about 3 months and the previous DON had done away with all PRN (as needed) anti-anxiety medications. The DON indicated the previous DON wouldn't allow PRN anti-anxiety medications in the facility.</p>						

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F0425 SS=D	<p>This Federal/State tag relates to Complaint IN00094981.</p> <p>3.1-25(b)(9) 3.1-48(c)(2) The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on interview and record review, the facility failed to have a system in place to ensure consultant pharmacy services and nursing personnel were</p>			F0425	<p>F 425 Pharmaceutical ServicesRichland Bean Blossom has contracted pharmacy consultant services and nursing personnel review and reconcile changes in medication orders.Action taken for resident A:8/24/2011 Resident A's physician implemented medication dose reduction trial of the resident's low dose Alprazolam 0.25 mg twice daily to once daily at bedtime.Identification and corrective actions for others with potential to be affected:All</p>		09/08/2011

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	<p>reviewing and reconciling changes in medication orders to ensure Medication Administration Record and Physician orders were accurate. This resulted in (Resident A) not receiving medications as ordered by a physician for a period of 5 months and 10 days.</p> <p>Findings Include:</p> <p>Review of Resident A's clinical record on 08/22/11 at 10:12 a.m., indicated the following:</p>				<p>residents have the potential for hospital discharge instructions and facility physician order discrepancy. Review of the hospital transfer orders and facility physician orders was completed, of current residents experiencing a readmission in the past 3 months, to assure physician orders correlate or have appropriate documentation of physician notification and order (s) received.No other discrepancies have been notified.Measures to prevent recurrence:Licensed nursing staff education was provided on 8/25/2011 regarding reconciling readmission orders and documentation of physician notification and orders as given by the resident's facility physician.Two nurses will review readmission orders and sign the orders confirming review of hospital discharge orders with facility orders.Consultant pharmacist was notified of citation to promote awareness of this issue and increase diligence in medication review.How will the facility monitor and who is responsible:The Director of NUrsing is responsible for assuring residents are free from significant medication errors, including assuring documentation of physician notification and transcription of orders to be implemented following hospital readmission. The Director of Nursing or her designee will</p>		

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	<p>Resident A had diagnoses which included, but were not limited to, hypertension, non-insulin dependent diabetes, acute renal failure with hyperkalemia, moderate pulmonary hypertension, and dementia.</p> <p>A nurse's note, dated 03/06/11 at 11:30 p.m., indicated, "Res [Resident A] @ nurse's station c/o [complained of] epigastric pain. States she is sick et [and] needs to have a BM [bowel</p>				<p>monitor physician orders of residents readmitted from the hospital to assure hospital discharge orders are implemented in accordance with the resident's physician orders. Monitoring of physician readmission orders will be completed on readmissions for 90 days, and then ongoing monitoring of one readmission from each unit each month. The results of monitoring will be reviewed by the facility Administrator and reported at least quarterly by the Quality Assurance Committee. Date of Completion: 9/8/2011</p>		

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	<p>movement]. Assisted to BR [bathroom] by CNA c [with] 0 [no] BM. Assisted to bed."</p> <p>A nurse's note, dated 03/06/11 at 11:45 p.m., indicated, "This nurse went to check on Res. Res in bed, diaphoretic [sweating] c/o abd [abdominal] et epigastric pain. B/P [blood pressure] 66/34, P [pulse] 140, R [respirations] 24, SP02 [oxygen saturation] 94% RA [room air]. Res preceeded [sic] to vomit brown liquid. Order</p>						

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	<p>recv'd [received] to send Res to ER [Emergency Room] for eval [evaluation]."</p> <p>A nurse's note, (no date or time) indicated, "EMS [Emergency Services] @ bedside. Report given. Res transported to (local hospital)...."</p> <p>A nurse's note, dated 03/07/11 at 6:00 a.m., indicated, "Notified by Hosp [hospital] Res [Resident A] admitted to Rm [room]...DX [diagnoses] hypotension, hyperkalemia, renal</p>						

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	<p>insuff [insufficiency]...."</p> <p>A nurse's note, dated 03/10/11 at 1:30 p.m., indicated, "Res returned to facility....0 edema noted, pedal pulses + [present]....."</p> <p>Hospital discharge orders, dated 03/10/11, indicated orders which included, but were not limited to, Alprazolam (anti-anxiety medication) 0.25 milligrams to be given every 6 hours as needed.</p> <p>A physicians's progress</p>						

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	<p>note, dated 03/12/11, indicated the resident had returned to the facility from the hospital and hospital discharge orders were to be followed.</p> <p>A March, 2011 "Medication Report" indicated an order, dated 01/21/11, for Alprazolam 0.25 milligrams to be given twice daily. After the resident returned to the facility on 03/10/11, the resident continued receiving 0.25 milligrams of Alprazolam twice daily</p>						

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	<p>as routine medication.</p> <p>A physician re-write order for August, 2011, indicated Resident A continued to receive Alprazolam 0.25 milligrams (1 tablet) twice daily.</p> <p>Interview of the DON [Director of Nursing] on 08/22/11 at 12:55 p.m., indicated she had only been at the facility about 3 months and the previous DON had done away with all PRN (as needed) anti-anxiety medications. The DON</p>						

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	<p>indicated the previous DON wouldn't allow PRN anti-anxiety medications in the facility, therefore Resident A's Alprazolam order was not changed to PRN as ordered by physician.</p> <p>A Consultant pharmacy report for the dates of March 01,2011 through March 19, 2011 was provided by the DON 08/22/11 at 12:00 p.m. This report indicated there were no irregularities found for Resident A's medication</p>						

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	<p>during this time period. Resident A returned to the facility on 03/10/11 with new discharge orders from the hospital. Pharmacy personnel and nursing personnel failed to recognize the change in orders for the Alprazolam beginning 3/10/11 and the resident continued to receive the Alprazolam twice daily as a routine medication.</p> <p>This Federal/State tag relates to Complaint IN00094981.</p>						

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	3.1-25(i)						